Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL EI	YTITY		OTHER THAN	
		(Column 1)		(Column 2)			TYPE		OR SMALL			
TOTAL CLAIMS			i ii		:	1		RATE;	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3			X\$ 9=	-	OR	X\$18=	54
INDEPENDENT CLAIMS			4 minus 3 =					X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM P								+135=		OR	+270=	
* If the difference in column 1 is			less than zero, enter "0" in o			olumn 2	,	TOTAL		OR	TOTAL .	844
CLEAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	ENTATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ϊ.	+135=		OR	+270=	
California in the second secon								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		10	ADDIT, FEE	
		CLAIMS	1		HEST	(Column 3)	' 1 1	,		•		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	***	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		. X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM	· []		 			,
	s #f 1					:		+135=		OR	+270=	
					÷			TOTAL ADDIT. FEE		OR.	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	· ADDI- TIONAL
		AMENDMENT		PAID		LATTIC	11	, ,, ,, ,	FEE		10112	FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	-
	Independent	<u> </u>	Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM]	740=		OR	700-	
• 1,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa ber Previously Pai							ropriate box			